

Rec'd PTO/PTAB 29 DEC 2004

**Declaration and Power of Attorney For Utility or Design Patent Application
English Language Declaration**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SUSTAINED RELEASE TABLET CONTAINING INDAPAMIDE

the specification of which is attached hereto unless the following box is checked:

was filed on July 24, 2002 as

United States Application Number _____
and was amended on _____ (if applicable) or,

PCT International Application Number PCT/PL2002/000056
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a-d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below. I have also identified below, by checking the "No" box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

			Priority Claimed	
P 354823 (Number)	POLAND (Country)	1 / July / 2002 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

_____ (Number)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Day/Month/Year Filed)
_____ (Number)	_____ (Day/Month/Year Filed)

Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application No.)	(Filing Date)	(Status) (patented, pending, abandoned)

Additional U.S. or international application numbers are listed on a supplemental priority sheet attached hereto.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from either his foreign patent agent or corporate representative, if any, as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

CUSTOMER NUMBER 7055

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PCT

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

PLIVA KRAKÓW, ZAKLADY FARMACEUTYCZNE S.A.:

JURECZEK Katarzyna

hereby appoints (appoint) the following person as: agent common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

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to represent the undersigned before

- all the competent International Authorities
 the International Searching Authority only
 the International Preliminary Examining Authority only

in connection with the international application identified below:

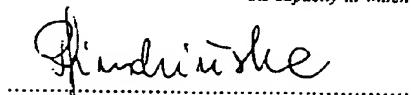
Title of the invention: SUSTAINED RELEASE TABLET CONTAINING INDAPAMIDE

Applicant's or agent's file reference:

International application number (if already available):

filed with the following Office Polish Patent Office as receiving Office
and to make or receive payments on behalf of the undersigned.

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):



PLIVA KRAKÓW, ZAKLADY FARMACEUTYCZNE S.A.
SIUDZINSKA, Renata
Director on Development



JURECZEK, Katarzyna

Date: 23 July 2002